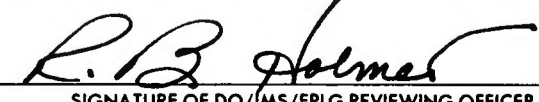


TYPE		YEAR	NUMBER	DOC. NO.	NEW DOCUMENT RECORD			
1	F P E	85-86-87-88-89 81	0351	302401	Instructions for Divisions and Staffs: 1. Fill in and Sign on Line 11. 2. Use back of form for any additional comments.			
DOCUMENT DESCRIPTION (Circle if appropriate) (30 CHARACTERS)					DAY	MONTH	YEAR	
2	CABLE DISPATCH MEMO REPORT	FORM LETTER AIRGRAM	DIE 323590			08	NOV	78
FROM/ORIGINATOR (30 CHARACTERS)				TO/RECIPIENT (30 CHARACTERS)				
3	DIE			15-2 (MADRID)				
CLASS		WHERE LOCATED (10 CHARACTERS)	REFERRED BY (10 CHARACTERS)	DDO ?	DO FILE NUMBER (20 CHARACTERS)			
4								
SUBJECT (80 CHARACTERS)								
5	HSCA REQUEST (K ⁰²) AFGHAN INTERVIEW.							
				TYPE OF REVIEW	I A L	DATE OF REVIEW	DAY MONTH YEAR	
6							18 AUG 59	
Determinations: <input type="checkbox"/> A. Release in full text <input type="checkbox"/> B. Release in sanitized form <input checked="" type="checkbox"/> C. Deny in toto <input type="checkbox"/> D. Defer decision to (Specify in line 8) <input type="checkbox"/> H. Coordinate with (Specify in line 8)				 <input type="checkbox"/> E. Sustain initial denial in toto <input type="checkbox"/> F. Sustain initial release of sanitized version <input type="checkbox"/> G. Release additional information				
DEFER DECISION TO (10 CHARACTERS)		COORDINATE WITH (10 CHARACTERS)		NEW CLASS	SIGNATURE OF DO/MS/FPLG REVIEWING OFFICER			
8								
EXEMPTIONS AND PROVISIONS CLAIMED (40 CHARACTERS)								
9	<input checked="" type="checkbox"/> B1 <input checked="" type="checkbox"/> B2 <input checked="" type="checkbox"/> B3 <input checked="" type="checkbox"/> B4 <input checked="" type="checkbox"/> B5 <input checked="" type="checkbox"/> B6 <input checked="" type="checkbox"/> B7C		PA B J1 J1 J1 K1		E.O. 12356			
EXEMPTIONS AND PROVISIONS CLAIMED TO PROTECT THE FOLLOWING:								
				FOIA	PA			
<input checked="" type="checkbox"/> 1. Classification				(b) (1)	(k) (1)			
<input type="checkbox"/> 2. Information from liaison with a Foreign Government				(b) (3)	(i) (1)			
<input type="checkbox"/> 3. Information pertaining to a liaison relationship with a Foreign Government				(b) (3)	(i) (1)			
<input type="checkbox"/> 4. Information which would/could identify the source				(b) (3)	(i) (1)			
<input type="checkbox"/> 5. Information pertaining to a source				(b) (3)	(i) (1)			
<input type="checkbox"/> 6. Information pertaining to intelligence methods				(b) (3)	(i) (1)			
<input checked="" type="checkbox"/> 7. Location of CIA overseas installation				(b) (3)	(i) (1)			
<input type="checkbox"/> 8. Location of unacknowledged domestic installation				(b) (3)	(i) (1)			
<input type="checkbox"/> 9. Name of CIA employee				(b) (3)	(i) (1)			
<input checked="" type="checkbox"/> 10. File number				(b) (3)	(i) (1)			
<input type="checkbox"/> 11. Pseudonym				(b) (3)	(i) (1)			
<input checked="" type="checkbox"/> 12. Cryptonym				(b) (3)	(i) (1)			
<input checked="" type="checkbox"/> 13. Internal organizational data				(b) (3)	(i) (1)			
<input type="checkbox"/> 14. Name of an FBI agent				(b) (7) (c)	(i) (1)			
<input type="checkbox"/> 15. FBI file number				(b) (2)	(i) (1)			
<input type="checkbox"/> 16. Privacy of other individual				(b) (6)	(b)			
<input type="checkbox"/> 17. Does not pertain to request								
<input type="checkbox"/> 19. Other (Specify in line 11)								
REMARKS (IF OTHER WAS CHECKED ABOVE) (40 CHARACTERS)				SIGNATURE/OFFICE OF DO COMPONENT REVIEWING OFFICER				
11								
REMARKS (160 CHARACTERS)								
12	INCLUDES: 20-2 (MADR)-41913 (IN 1541465) 08 NOV 78; DIE-324426, 09 NOV 78;							
13	20-2 (MADR) 41941 (IN 1561389), 14 NOV 78. ALL DENIED							
				This Form is Unclassified Unless The Classification is Checked and The Information below is completed.				
14					CL BY: _____ DECL OADR DRV FROM: _____			